

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Aflac Cancer Protection Assurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

How it works

AFLAC CANCER PROTECTION ASSURANCE INSURANCE - OPTION 2

POLICYHOLDER SUFFERS FROM FREQUENT INFECTIONS AND HIGH FEVER.



POLICYHOLDER VISITS PHYSICIAN.



PHYSICIAN RECOMMENDS BONE MARROW BIOPSY.



PATIENT RECEIVES DIAGNOSIS OF LEUKEMIA AND UNDERGOES TREATMENT.

TOTAL BENEFITS OF

\$29,575

The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 with three units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of \$5,000, Initial Diagnosis Building Benefit Rider (three units for three years) of \$900, Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$4,800, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$9,600, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$500.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person		
EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force. When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
SPECIFIED-DISEASE BENEFIT RIDER	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

AFLAC PLUS RIDER

OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

Rider Series CIRIDER

AP

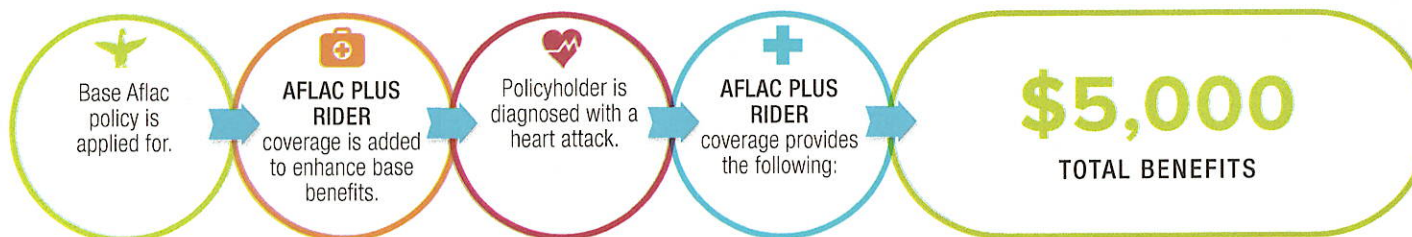
Boost Your Protection with the Aflac Plus Rider

Like many people, you probably have insurance to cover auto accidents, fires, burglaries, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack, stroke, advanced Alzheimer's disease, or advanced Parkinson's disease—an event that knocked you off your feet? Even a severe case of COVID, flu or pneumonia and accompanying costs could change your life forever.

The Aflac Plus Rider can help. This rider can be attached to select policies, further boosting your benefits. The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent payments. **For a list of policies the Aflac Plus Rider can be added to, please contact your Aflac insurance agent/producer.**



How it works



The above example is based on a scenario for Aflac Lump Sum Critical Illness Benefit Rider that includes the following benefit conditions: heart attack (Tier One Critical Illness Event Benefit) of \$5,000. The Tier One Critical Illness Event Benefit pays \$5,000 for a covered tier one critical illness event.

The rider has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy and rider for benefit details, definitions, limitations and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

Aflac Plus Rider Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

TIER ONE CRITICAL ILLNESS EVENT BENEFIT

\$5,000 upon a covered person's onset date of one of the following:

1. Heart Attack
2. Stroke
3. Coma
4. Paralysis
5. Type 1 Diabetes
6. Traumatic Brain Injury
7. Advanced Alzheimer's Disease
8. Advanced Parkinson's Disease
9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)
10. Loss of Independence
11. Sustained Multiple Sclerosis
12. Permanent Loss of Sight
13. Permanent Loss of Hearing
14. Permanent Loss of Speech
15. Sudden Cardiac Arrest

This benefit is payable once per covered person, per lifetime.

SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT

\$2,500 upon a covered person's onset date of:

- a recurrence of that **same** Tier One Critical Illness Event, or
- an occurrence of a **different** Tier One Critical Illness Event.

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

TIER TWO CRITICAL ILLNESS EVENT BENEFIT

\$1,250 upon a covered person's onset date of one of the following:

1. Encephalitis
2. Bacterial Meningitis
3. Lyme Disease
4. Sickle Cell Anemia
5. Cerebral Palsy
6. Necrotizing Fasciitis
7. Osteomyelitis
8. Systemic Lupus
9. Cystic Fibrosis

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT

\$1,250 when a covered person undergoes Coronary Artery Bypass Graft Surgery.

This benefit is payable once per covered person, per lifetime.

TIER THREE CRITICAL ILLNESS EVENT BENEFIT

Pays the highest applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person's onset date of the following:

1. Human Coronavirus
2. Bird Flu/H5N1
3. Influenza
4. Pneumonia
5. Ebola

Benefit amounts:

Hospital confinement 4-9 days	\$1,250
Hospital confinement 10 days or more	\$3,125
Intensive care unit confinement	\$5,000

Maximum amount payable per 180 days is \$5,000.